



Peter Suess

Transportation Consultant Inc

The Record Keeping Specialist

ACE and ACI eManifest Subscription Service

Subscription Service Fees are as follows:

1-10 Transactions per month \$50.00 + HST

11-15 Transactions per month \$75.00 + HST

16-25 Transactions per month \$100.00 + HST

Additional transaction above subscription billed monthly at \$9.99 + HST per transaction

Transaction includes both ACE and ACI. Carrier agrees to provide a valid credit card and that credit card will be billed monthly. If for any reason payment is not able to be processed, no manifesting will be completed by Peter Suess Transportation Consultant Inc. Nor will we be responsible for delays.

Carrier is responsible to ensure information provided to Peter Suess Transportation Consultant Inc is valid and correct. Peter Suess Transportation Consultant Inc is not responsible for delays caused by incorrect or missing information.

Please ensure there is a way to contact the driver or other responsible party in case of questions or concerns.



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Check list of items to send PSTC in order to set up your account.

Please note the more information we obtain now the better as we reduce delays in waiting for confirmation or documentation later on.

- SCAC Code
- Canada Custom Code
- Canadian Shared Secret -Bond
information if applicable
- Legal name address and phone number of
carrier -EIN number can also be called FEIN
- List of trucks, VIN, Year, Make, Plate, Jurisdiction of plate, Unit
-List of trailers, VIN, Plate, Jurisdiction of plate, Unit # -List of
drivers:
 - Name of driver
 - For FAST drivers their FAST card number
 - For non FAST drivers, copy of drivers license and pass port



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Credit Card Authorization

Date: _____

Customer name: _____

Email address to send paid invoice to: _____

Service address: _____
Street City Prov Postal Code

Name on credit card: _____

Address of card holder : _____
(If different than service address)

Phone number: _____

Please check VISA Or Mastercard

Card Number: _____

Expiry Date: _____ CVV: _____
MM/YY Three or four digit number on
back or front

I hereby authorized Peter Suess Transportation Consultant Inc to charge my credit card:

Amount if known: \$ _____

Signature of card holder: _____

Please return by fax 877-808-4819 or email fax@pstc.ca